



State of Idaho

Ben Ysursa
Secretary of State

LOBBYIST ANNUAL REPORT FORM

To Be Filed By:

L-2 LOBBYISTS
(Sec. 67-6619)

Page _____ of _____ Page(s)
THIS SPACE FOR OFFICE USE ONLY

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SECRETARY OF STATE
STATE OF IDAHO

(Type or print clearly in black ink)
See instructions at bottom of page

Lobbyist's name and permanent business address	Date prepared	Period covered
SueAnn Reese 270 S. Orchard Suite B Boise Idaho 83705	1/29/2006	<input checked="" type="checkbox"/> year ending (Mo.) (Day) (Yr.) 12 31 2005

Item 1 Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.

Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	* Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ 0.00	\$ 0.00	\$	\$	\$
Food and Refreshment	\$ 0.00	\$ 0.00			
Living Accommodations	\$ 0.00	\$ 0.00			
Advertising	\$ 0.00	\$ 0.00			
Travel	\$ 0.00	\$ 0.00			
Telephone	\$ 0.00	\$ 0.00			
Other Expenses or Services	\$ 0.00	\$ 0.00			
Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.				
Item 2	Date	Place	Amount	Names of Legislators & Public Officials in Group
none				


☐ Continued on attached page(s)

INSTRUCTIONS		Item 3
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.		Employer(s) Name(s) and Address(es)
Filing deadline: Annual report is due on January 31st.		No.1 American Heart Association 270 S. Orchard Suite B , Boise, ID 83705
TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282		No.2
		No.3
		No.4

Item 4	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.		
	Date	Amount	Name of Legislator Receiving or Benefited
		0.00	none

Item 5 Subject matter of proposed legislation, the number of the Senate or House Bill, Resolution or other legislative activity in which the Lobbyist was supporting or opposing.			LEGISLATIVE SUBJECT IDENTIFICATION	
Subject Code (from table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number	Code Subject	Code Subject
n/a			01 Agriculture, horticulture, farming, and livestock 02 Amusements, games, athletics and sports 03 Banking, finance, credit and investments 04 Children, minors, youth, senior citizens 05 Church and religion 06 Consumer affairs 07 Ecology, environment, pollution, conservation, zoning, land and water use 08 Education 09 Elections, campaigns, voting, political parties 10 Equal rights, civil rights, minority affairs 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds 12 Government, county 13 Government, federal 14 Government, municipal 15 Government, special districts 16 Government, state	17 Health service, medicine, drugs and controlled substances, health insurance, hospitals 18 Higher education 19 Housing, construction, codes 20 Insurance (excluding health insurance) 21 Labor, salaries and wages, collective bargaining 22 Law enforcement, courts, judges, crimes, prisons 23 License, permits 24 Liquor 25 Manufacturing, distribution and services 26 Natural resources, forest and forest products, fisheries, mining and mining products 27 Public lands, parks, recreation 28 Social insurance, unemployment insurance, public assistance, workmen's compensation 29 Transportation, highways, streets and roads 30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas 31 Other (please specify) _____

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.


7/27/2006
Date

Employer No. 1 signature _____ Date _____

Employer No. 2 signature _____ Date _____

Employer No. 3 signature _____ Date _____

Employer No. 4 signature _____ Date _____